Case 05-39380-bif Doc 19

Filed 01/03/06 Entered 01/03/06 17:03:50 Desc Main Document Page 1 of 6

Form B22C (Chapter 13) (10/05)

In re	Philip Jay Berg				
Case Nu		Debtor(s) 05-39380			
		(If known)			

According to the calculations required by this statement:
☐ The applicable commitment period is 3 years.
■ The applicable commitment period is 5 years.
■ Disposable income is determined under § 1325(b)(3).
☐ Disposable income is not determined under § 1325(b)(3).
(Check the box as directed in Lines 17 and 23 of this statement.)

STATEMENT OF CURRENT MONTHLY I NCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE I NCOME FOR USE IN CHAPTER 13

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I	. R	EPORT OF I	N	COME				
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.									
	All figures must reflect average monthly income for the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received during the six months, divide this total by six, and enter the result on the appropriate line.							Column A Debtor's Income	Sp	olumn B pouse's ncome
2	Gross	s wages, salary, tips, bonuses, overtime, c	omi	missions.			\$	6,000.00	\$	
	and e	ne from the operation of a business, profe nter the difference on Line 3. Do not enter a n of the business expenses entered on Line	umb	oer less than zero. I	Do r	not include any				
3	a.	Gross receipts	\$	0.00	\$	Spouse				
	b.	Ordinary and necessary business expenses	\$	0.00						
	C.	Business income	Sul	btract Line b from Li		ı	\$	0.00	\$	
	Line 4	s and other real property income. Subtract . Do not enter a number less than zero. Do r nses entered on Line b as a deduction in P	not i	nclude any part o IV.		e business			*	
4	a. Gross receipts			Debtor 2,200.00	\$	Spouse				
	b.	Ordinary and necessary operating expenses	\$	1,000.00						
	C.	Rental income	_	ubtract Line b from L		а	\$	1,200.00	\$	
5	Inter	est, dividends, and royalties.					\$	0.00		
6	Pensi	on and retirement income.					\$	0.00		
7	deper	lar contributions to the household expens ndents, including child or spousal support e if Column B is completed.					\$	0.00	\$	
8	at install state the amount in space solon.					our spouse was a				
		nployment compensation claimed to benefit under the Social Security Act Debtor	\$	0.00 Spc	ouse	\$	\$	0.00	\$	
9	on a s Social	ne from all other sources. Specify source all eparate page. Total and enter on Line 9. Do Security Act or payments received as a victim of international or domestic terrorism.	not	include any benefit	ts re	ceived under the				
	a.	\$		S \$	\$	эройзе				
	b.	\$		\$			\$	0.00	\$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).					\$	7,200.00	\$		
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.				\$			7,200.00		

Case 05-39380-bif Doc 19 Filed 01/03/06 Entered 01/03/06 17:03:50 Desc Main Document Page 2 of 6

	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD)				
12	Enter the amount from Line 11	\$	7,200.00			
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. Otherwise, enter zero.	\$	0.00			
14	Subtract Line 13 from Line 12 and enter the result.	\$	7,200.00			
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	86,400.00			
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: PA b. Enter debtor's household size: 1	\$	38,931.00			
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts III, IV, V or VI. The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with Part III of this statement.					
Par	t III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABL	EIN	NCOME			
18	Enter the amount from Line 11.	\$	7,200.00			
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	\$	0.00			
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	7,200.00			
21	Annualized current monthly income for \S 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$	86,400.00			
22	Applicable median family income. Enter the amount from Line 16.	\$	38,931.00			
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.					
23	■ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.	is dete	ermined under			
	☐ The amount on Line 21 is less than the amount on Line 22. Check the box for "Disposable income i under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not compl VI.					

	Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)				
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)				
24	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$	953.00		
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$	427.00		

Case 05-39380-bif Doc 19 Filed 01/03/06 Entered 01/03/06 17:03:50 Desc Main Document Page 3 of 6

25B	Local Standards: housing and utilities; mortgage/rent of the IRS Housing and Utilities Standards; mortgage/rent expense for yavailable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy could be Monthly Payments for any debts secured by your home, as stated in Lin result in Line 25B. Do not enter an amount less than zero.	your county and family size (this information is irt); enter on Line b the total of the Average				
230	a. IRS Housing and Utilities Standards; mortgage/rental Expense	\$ 1,011.00				
	b. Average Monthly Payment for any debts secured by your home,					
	if any, as stated in Line 47 c. Net mortgage/rental expense	\$ 0.00 Subtract Line b from Line a.	\$ 1,011.00			
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under th IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
	Actual Cost of Maintaing Properties		\$ 8,638.00			
	Local Standards: transportation; vehicle operation/pub You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	whether you pay the expenses of operating a				
27	Check the number of vehicles for which you pay the operating expenses included as a contribution to your household expenses in Line 7.	or for which the operating expenses are				
	□ 0 □ 1 ■ 2 or more.					
	Enter the amount from IRS Transportation Standards, Operating Costs on number of vehicles in the applicable Metropolitan Statistical Area or Cenwww.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$ 392.00				
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs, First Car					
	Average Monthly Payment for any debts secured by Vehicle 1,	\$ 0.00				
	b. as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ U.UU Subtract Line b from Line a.	s 475.00			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs, Second Car	\$ 338.00				
	Average Monthly Payment for any debts secured by Vehicle 2, b. as stated in Line 47					
	c. Net ownership/lease expense for Vehicle 2	\$ 338.00				
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
31	Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and					
	uniform costs. Do not include discretionary amounts, such as non	mandatory 401(k) contributions.	\$ 0.00			

Case 05-39380-bif Doc 19 Filed 01/03/06 Entered 01/03/06 17:03:50 Desc Main Document Page 4 of 6

and their Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are past due support obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is evaluable. 5 0.0 Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for children's education. 5 0.0 Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on payments for health insurance listed in Line 39. Other Necessary Expenses: lefecommunication services. Enter the average monthly expenses that you actually be yfor cell phones, pages, call writing, caler identification, special long distance, or internet services necessary for the health and welfare or you or your dependents. Do not include any amount previously deflucted. 30 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. Subpart B: Additional Expenses Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37. Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following catogories and enter the total. 6 0.0 Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill or disabled member of your household or member of your i							
past due support obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Either the total monthly amount that you actually pend for education that is a condition of employment and for education providing similar services is available. Other Necessary Expenses: childcare. Enter the average monthly amount that is negative for a physically or mentally challenged dehendent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for children's education. Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or pald by a health savings account. Do not include payments for health insurance listed in Line 39. Other Necessary Expenses: telecommunication services. Inter the average monthly expenses that you actually pay for related the limit. Payments of the payments for health insurance listed in Line 39. Other Necessary Expenses: telecommunication services. Inter the average monthly expenses that you deducted. 30 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following calegories and enter the total. a. Health Insurance is a payment of the care of household or family members. Enter the uclual monthly expenses that you will centified by your household or member of your mustale payments listed in Line 34. Continued contributions to the care of household or family members. Enter the uclual monthly expenses that you actually incurred to maintain the safety of your family	0.00	\$	term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or	32			
Cither Necessary Expenses: education for employment or for a physically or mentally challenged child. Liner me total monthly amount that you actually expend for education that is a condition of public education providing similar services is available. 36 Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for childcare is education. 37 Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that first include payments for health insurance listed in Line 39. 38 Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 39. 39 Other Necessary Expenses: telecommunication services. Enter the average monthly expenses that you actually pory for calcil writing; calcile in the 31 or you actually pory for calcil writing; calcile writing; calcile in delication or internet services necessary for the health and welfare or you or your dependents. Do not include any amount previously so 0.0. 38 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. \$ 12,234.0 \$ Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37. Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following catogeries and writer the total or an elicitry, chronically ill, or disabled member of your hosewhold or member of your immediate family who is unable to pay for such expenses. Do not include payments hat you actually expend in each of the following catogeries and writer the total or include payments hat you will continue to pay for the reasonable and necessary and an electry. Chronically ill, or disabled mem	0.00	\$	required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on				
Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for childran's education. Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 39. Other Necessary Expenses: telecommunication services. Enter the average monthly expenses that you care that you for the health and welfare or you or your dependents. Do not include any emount previously deducted. Total Expenses Allowed under LRS Standards. Enter the total of Lines 24 through 37. Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37. Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total. a. Health Insurance § 700.00 b. Disability Insurance § 700.00 c. Health Savings Account § 9.00 Continued contributions to the care of household or family members. Enter the actual monthly or disabled member of your insurabile family who is unable to pay for such expenses. Do not include payments listed in Line 34. Protection against family violence in member of your insurabile family who is unable to pay for such expenses. Do not include payments listed in Line 34. Home energy costs in excess of the allowance specified by the IRS Local Standards. For housing and titilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trust	0.00		Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no				
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Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total. a. Health Insurance	0.00	\$	you actually pay for cell phones, pagers, call waiting, caller identification, special long distance, or internet services necessary for the health and welfare or you or your dependents. Do not include any amount previously	37			
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Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total. A	12,20 110	Ψ	Subpart B. Additional Expense Deductions under § 707(b)				
average monthly amounts that you actually expend in each of the following categories and enter the total. a. Health Insurance \$ 700.00 b. Disability Insurance \$ 0.00 c. Health Savings Account \$ 0.00 Total: Add Lines a, b, and c \$ 700.00 continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. Home energy costs in excess of the allowance specified by the LRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the LRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary and not already acconted for in the LRS standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ from the clerk of the bankruptcy court.) You must provide your case trustee with							
b. Disability Insurance \$ 0.00 c. Health Savings Account \$ 0.00 Total: Add Lines a, b, and c \$ 700.0 Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. \$ 0.0 Home energy costs in excess of the allowance specified by the LRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary and not already acconted for in the LRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those							
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Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. Home energy costs in excess of the allowance specified by the IRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary and not already acconted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a c			b. Disability Insurance \$ 0.00	39			
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expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. Home energy costs in excess of the allowance specified by the LRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the LRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary and not already acconted for in the LRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the LRS Mainal Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Solutional amount claimed is reasonable and necessary.	700.00	\$	Total: Add Lines a, b, and c				
Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. Home energy costs in excess of the allowance specified by the LRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the LRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary and not already acconted for in the LRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the LRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. \$ 0.0 Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	0.00		expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	40			
Home energy costs in excess of the allowance specified by the LRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary and not already acconted for in the LRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the LRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). **Output Description** Continued charitable contributions as defined in 26 U.S.C. § 170(c)(1)-(2).			Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal	41			
Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary and not already acconted for in the LRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the LRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Solutions Continued that the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	0.00		Home energy costs in excess of the allowance specified by the IRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the				
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Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). \$ 0.0			Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the				
	0.00			45			
		i i	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	46			

Case 05-39380-bif Doc 19 Filed 01/03/06 Entered 01/03/06 17:03:50 Desc Main Document Page 5 of 6

	Su	ubpart C: Deductions for De	ebt Payment			
47	Future payments on secured cl you own, list the name of creditor, iden The Average Monthly Payment is the to following the filing of the bankruptcy ca- insurance required by the mortgage. If					
	Name of Creditor	Property Securing the Debt	60-month Average Payment			
	aNONE-		\$			
			Total: Add Lines	\$	0.00	
48	Past due payments on secured claims. If any of the debts listed in Line 47 are in default, and the property securing the debt is necessary for your support or the support of your dependents, you may include in your deductions 1/60th of the amount that you must pay the creditor as a result of the default (the "cure amount") in order to maintain possession of the property. List any such amounts in the following chart and enter the total. If necessary, list additional entries on a separate page.					
	Name of Creditor	Property Securing the Debt in Default				
	aNONE-		\$			
			Total: Add Lines	\$	0.00	
49	Payments on priority claims. En alimony claims), divided by 60.	nter the total amount of all priority clair	ms (including priority child support and	\$	0.00	
	Chapter 13 administrative expersulting administrative expense.	enses. Multiply the amount in Line a l	by the amount in Line b, and enter the			
	a. Projected average monthly Cha	pter 13 plan payment.	\$ 100.00			
50	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	c. Average monthly administrative	e expense of Chapter 13 case	Total: Multiply Lines a and b	\$	7.80	
51						
	Subpart D	: Total Deductions Allowed	under § 707(b)(2)			
52	Total of all deductions allowed	under § 707(b)(2). Enter the tot	ral of Lines 38, 46, and 51.	\$	12,941.80	

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)			
53	Total current monthly income. Enter the amount from Line 20.			
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$	0.00	
55	Qualified retirement deductions. Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).	\$	0.00	
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$	12,941.80	
57	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, and 56 and enter the result.	\$	12,941.80	
58	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 57 from Line 53 and enter the result.	\$	-5,741.80	

Case 05-39380-bif Doc 19 Filed 01/03/06 Entered 01/03/06 17:03:50 Desc Main Document Page 6 of 6

Form B22C (Chapter 13) (10/05)

		Part VI. ADDITIONAL EXPENSE C	CLAIMS	
	of you 707(b	er Expenses. List and describe any monthly expenses, not otherwise stated in and your family and that you contend should be an additional deduction from the solution of the state of the s	your current monthly income under	er §
59		Expense Description	Monthly Amount	
0,	a.		\$	
	b.		\$	
	C.		\$	
	d.		\$	

Total: Add Lines a, b, c and d

				Part VII. VERIFICATION	
60	I declare und must sign.)	er penalt Date:	y of perjury that the info	·	le and correct. (If this is a joint case, both debtors /s/ Philip Jay Berg Philip Jay Berg (Debtor)